

Appendix II: Summary of Recommendations from Public Comments

Total Submissions with Recommendations: 165

The Dietary Guidelines Advisory Committee (DGAC) accepted public comments in written form throughout their charter (September 1998 to November 1999). In addition, public comments were presented as oral testimony during the March 8-10, 1999 meeting of the committee. Public comments were received from individuals, interest groups, industry, academia, state and federal government agencies and elected officials. Comments ranged from post cards to portfolios, newspaper clippings to research articles and from original research to focus group testing and surveys. Public input helped the committee gather background information and precedent, understand consumer perception, clarify problems with language, and ensure that important topics were not neglected. The following is an attempt to summarize the specific recommendations made in the written public comments. Note that many submissions included comments on more than one area. Additionally, many submissions contained information for consideration, but not specific recommendations.

General Recommendations

Format:

- Do not use a two-tiered format. (2)
- Consider reducing the number of Guidelines (2).
- Use a tiered format to prioritize the information in the Guidelines (5). There is a “false equity” in the current guidelines structure.
- Change the Dietary Guidelines format to make them more useful to consumers.

Scope:

- Make the Guidelines qualitative rather than quantitative. (3)
- Strengthen current Dietary Guidelines so the public can achieve current pyramid recommendations.
- Avoid guideline recommendations based on specific nutrients or foods.
- Keep the Guidelines firmly grounded in research and reflect advances in scientific understanding in the guidelines. (Numerous)
- Transform the guidelines into health guidelines, including topics such as smoking cessation and exercise.
- Make the Guidelines practical and attainable, in addition to science-based. (2)
- Design the Guidelines to preserve and return the health of all Americans.

- Focus on good diets and not on good and bad foods. (Numerous)
- Focus on foods rather than nutrients. (2)
- Apply the Guidelines to all healthy Americans over the age of 2 years.
- Design the Guidelines to be applicable to all Americans, not just “healthy” Americans who are not overweight, or don’t have other health problems.
- Make the DASH diet the unifying theme of the guidelines.

Content:

General -

- Make the Guidelines more specific about recommendations for intakes of foods. (2)
- Include the Healthy Eating Index (HEI) in the 2000 Dietary Guidelines.
- Add a calcium guideline focused on increasing calcium intakes for better bone health and blood pressure.
- Add protein and soy products as topics within the Guidelines.
- Focus on minerals, such as calcium, iron, and chromium.
- Address the dangers of low-carbohydrate diets.
- Use evidence produced by academic research funded by the Health Education Authority (UK) in the area of healthy eating.

Target Audience -

- Recognize the increasing ethnic and cultural diversity within the US (3). Include foods that are familiar to a wide range of cultures in Guideline discussions.
- Add separate guidelines for children (0 to 18 years).
- Do not issue separate guidelines for children.
- Add advice similar to the American Heart Association’s Dietary Guidelines: “population-wide guidelines do not address the specific needs of all individuals.”
- Develop age-targeted guidelines to reflect the varying needs and priorities of different age groups within the population.
- Be sensitive to the needs of the elderly (2) and emphasize the value of high quality, nutrient dense foods.
- Acknowledge and encourage individualized choices and special needs throughout the lifecycle.

Chronic Disease -

- Address chronic disease in the Guidelines. (2)
- Create multiple sets of guidelines to encompass people with different tendencies toward chronic, diet-related diseases.
- Recommend that, as they age, people reduce food components of their diet linked to chronic diseases.
- Have the Guidelines address the fact that many chronic diseases, particularly hypertension, diabetes, obesity, and prostate cancer, take a disproportionate toll among racial minorities.
- Encourage individuals to reduce their risk of disease by increasing their consumption of vegetables, fruits, whole grains, and legumes, and reducing or eliminating the use of meats, dairy products, and fatty foods.
- Clearly denote desired behaviors that help reduce the risk of osteoporosis.
- Add a list of contacts for people with conditions that require special diets (i.e., diabetes, heart disease, renal disease, diverticulosis, hypertension, lactose intolerance, food allergies).

Food Choices -

- Emphasize that consumers can select healthy foods that taste good, and still meet Dietary Guidelines.
- Incorporate soy into the diet within several of the guidelines.
- Include discussion about the health effects of other beverages (besides alcohol), particularly caffeinated products.
- Address the issues of increased consumption of salt, sugar, and fat from foods eaten outside the home.

Serving/Portion Sizes-

- Strengthen information on serving sizes and portions wherever possible (4), especially regarding restaurant and take-home meals.
- Servings sizes are confusing to consumers, especially for grains, and may be leading to overconsumption.

Enjoyment of Food-

- Establish a new Guideline that celebrates the shared meal, encouraging Americans to prepare and enjoy meals together with family, friends, and colleagues (2).
- Acknowledge the importance of pleasure and emotional satisfaction throughout the Guidelines.
- Apply concepts of taste, flavor, and pleasure of food throughout the Guidelines (2).

Communication:

- Consumer research indicates that the Guidelines could be better communicated to the public. Consumers can't apply the Guidelines to develop an eating pattern.
- Clearly communicate whether the Guidelines are a policy tool or intended for consumers (and make them more consumer-friendly).
- The public needs clear, consistent, and concise messages about how to select foods that will comprise a healthy diet that they can enjoy (2).
- Make the Guidelines easy to understand, manageable, and motivational in order to trigger behavioral change.
- Address environmental supports as well as personal supports for behavior change.
- Design the Guidelines to reach people at various stages of readiness to make a behavioral change.
- The Guidelines must trigger action by consumers. Focus on Guidelines messages that are active, practical, and positive (2).
- Make the Guidelines more flexible: "each meal is not a diet, each food is not a meal."
- Review nutrition education research to get a better understanding of how population groups understand and interpret nutrition information. Test Guidelines messages with an audience diverse in age, ethnicity, and educational level to determine if intended meanings are interpreted correctly.

Process:

- Conduct one or more public hearings as part of the Dietary Guidelines Advisory Committee's information-gathering phase.
- Make focus group research available to interested parties for comment.

Implementation:

- Give careful consideration to the impact that the Dietary Guidelines will have on child nutrition and the school meal programs.
- Make the Guidelines attainable to help schools offer and serve appropriate meals to children that they will eat.
- Make the Guidelines the rule for government feeding programs, e.g., produce purchases under the WIC Program.
- Consider the challenges of Guideline implementation.
- Incorporate Dietary Guidelines into the evaluation of *The Foods of Minimal Nutritional Value* for school nutrition programs.

Healthy Weight

Scope:

- Guideline should recognize that obesity is the major contributor to chronic disease in America.
- Help individuals take personal responsibility for achieving their ideal body weight through proper diet and adequate physical activity. (2)

Content:

General-

- Keep wording from 1995 weight guideline.
- Re-title weight guideline to say, “Achieve a healthy weight.”
- Increase emphasis on physical activity. (3)
- Encourage people to comprehend and apply the basic principles of scientific nutrition to their daily life.
- Clearly communicate guidance on how to maintain weight within a healthy range.
- Focus on promoting health at every size, not slenderness as a prerequisite for health and happiness.
- Be specific with practical guidance on which foods are low in fat.
- Guidance that supports the use of a variety of fat-modified and calorie-modified products may help.
- Use a weight chart with separate gender and age information to avoid confusion.

Children-

- Address both food intake and physical activity patterns to reduce the prevalence of obesity among the young.
- Do not include a separate Body Mass Index (BMI) table for children; it could spur inappropriate dieting and eating patterns.
- Separate Dietary Guidelines for adults and children.

Communication:

- Clarify the message. Focus groups revealed that consumers do not understand the message to “maintain or improve weight.”

Implementation:

- Recommend that Federal Government campaigns be more aggressive regarding overweight and obesity.

Physical Activity

Scope:

- Include a separate physical activity guideline.
- Encourage people to comprehend and apply the basic principles of scientific nutrition to their daily life.

- Help each individual to take personal responsibility for the regulation and control of his or her ideal body weight through proper diet and adequate physical activity.
- Continue to reflect the interrelationship of physical activity and sound nutrition.

Content:

- Strengthen the language regarding the importance of physical activity.
- Strongly convey the role of physical activity in preventing obesity, assisting in weight maintenance and reducing chronic disease risk.
- Prominently position recommended amounts of daily activity in the Guidelines and Food Guide Pyramid.

Variety

Scope:

- Should remain cornerstone of guidelines (2).
- Emphasize total diet; all guidelines are equally important.
- Retain the 1995 wording for the guideline (2).
- Keep variety in the diet as the focus of this guideline. Variety among and within food groups helps to ensure consumption of a more complete complement of RDAs for essential nutrients.

Content:

Food Guide Pyramid-

- Don't include illustration of the Food Guide Pyramid, as it has never undergone a scientific evaluation.
- Include the Food Guide Pyramid in the guidelines.

Balance and Moderation-

- Guidelines recommending variety, balance, and moderation are not specific enough anymore, particularly regarding meeting current fruit and vegetable recommendations.
- Refine variety message to emphasize most healthful, nutrient dense foods like fruits and vegetables.
- Shift focus from content of dietary intake to a balance of content and total quantity of dietary intake to compensate for the newer high-energy, low-fat products and to reverse confusion over what to eat to achieve a healthy weight.
- Focus on balance rather than intake for minerals such as calcium and iron.

Nutrient Density-

- Emphasize eating nutrient dense foods (fruits, vegetables, legumes, nuts/seeds, grains) daily; mention fortified foods if dieting, skipping meals, or under changing nutrient requirements.
- Focus on eating a variety of “healthful” foods rather than simply a variety of foods. Currently the Dietary Guidelines provide weak recommendations and foster disease.
- Encourage reduced risk of disease by use of vegetables, fruits, whole grains, and legumes as staples, or by reducing or eliminating meats, dairy products, and fatty foods.

Vegetarian Diets-

- State that American animal-based (meat & dairy) diets promote diet-related diseases; vegetarian diets promote disease reversal.
- Recommend a gradual transition to a vegan diet.
- Include vegetarian diets as a healthy alternative.
- Advocate the adoption of vegetarian/vegan diets by acknowledging their suitability and promoting their healthful advantages (2).
- Recommend vegetarianism; vegetarians are slimmer and healthier than meat-eaters and suffer lower rates of obesity-linked diseases.
- Update and expand information on protective benefits of vegetarian diets and on plant sources of protein for those following these diets.
- Strengthen commitment toward wholesome plant-based diet.
- State what is known in the science about the benefits of plant-based diets.
- Urge Americans to replace meat-derived protein with plant-based protein.
- Include “fortified meat alternatives” in text boxes as a choice in the Meat and Beans group and as a good source of iron. In the vegetarian section, list vegetable-based products, soy foods, and fortified meat alternatives.

Specific Foods/Nutrients-

- Address health differences between animal products and vegetable/grain sources of protein and calcium.
- Recommend that Americans consume more fruits, vegetables, whole grains, but not at the expense of foods like red meat that provide key nutrients deficient in Americans’ diets.
- Resist giving blanket advice for all Americans to avoid eating one food, e.g., eggs.
- Focus on minerals such as calcium, iron, and chromium.

- Stress the importance of obtaining most of one’s nutrition from whole foods and the importance of a diet that contains adequate fiber.
- Include discussion on the crucial role of under-consumption of non-sodium dietary electrolytes in elevating the risk of high blood pressure and the importance of maintaining the recommended 150 mcg iodine per day, particularly for women of child-bearing age.

Calcium Intake-

- Recommend a guideline to increase consumption of calcium-rich foods.
- Note that supplements are not complete and adequate substitutes for dairy foods.
- Retain wording that emphasizes adequate intake of calcium and dairy products as an excellent source of calcium.
- Address the issue of lactose intolerance (4).
- Address lactose intolerance and chronic, diet-related disease.
- For vegetarians and those who don’t tolerate lactose, include “dairy analogs” and make recommendation “0 to 3 servings” (2).

Supplements-

- Recommend that most people take an ordinary multivitamin and mineral supplement to ensure that they get enough folic acid, vitamin B-12, and vitamin D. Advise people who do not consume sufficient calcium from foods to take a calcium supplement.
- Focus on supplements containing vitamins or minerals which occur in foods and for which there is a DRI. Use a broad definition for term “fortification” and don’t try to distinguish it from “enrichment”.
- Encourage non-supplement users to select a better diet and take supplements or consume fortified foods, rather than discouraging supplement users from taking them.
- It is misleading to recommend supplements only for people with special nutritional needs as in the 1995 edition.
- Recommend that the diet be supplemented with vitamins and minerals which are hard to obtain (e.g., calcium, vitamin D, folic acid, vitamin B12 and vitamin E) when it is not possible to eat right.
- Consider a statement about the use of dietary supplements in the dietary guidelines.
- Note that supplements can be an important source of nutrients difficult to obtain from diet alone.
- Mention that supplements provide an advantage in thwarting morbidity/mortality of chronic disease.

- State that Americans should strive to meet their nutrient needs through foods rather than supplements, although there are instances where recommending supplements are warranted.
- Emphasize consumption of whole foods and caution against use of nutrient supplements as a primary strategy for disease prevention.
- Retain 1995 Dietary Guidelines language on supplements while recognizing sub-population needs.
- Do not add a separate guideline on supplements. It could be confusing and potentially unsafe if misunderstood/misapplied because regulatory environment lacks controls.

Functional Foods-

- Consider addressing functional foods.
- Help Americans understand functional foods and how they can promote optimal health.

Communication:

- To lessen consumer confusion, change wording to “Choose foods from each of the five food groups and vary your choices.” (2)
- Don’t change wording of 1995 guideline based on results of a single consumer study.

Implementation:

- Include a special recommendation to replace meat-derived protein with plant-based protein in the National School Lunch program.

Grains

Scope:

- Maintain current recommendation of 6-11 servings of grain-based foods/day as a foundation of a healthy diet (2). Keep grain products at pyramid base.
- Emphasize that refined and enriched, as well as whole grain products, are a nutritious part of a healthy diet (2).
- Increase emphasis on grains and whole-grain foods (2).
- Include a separate grains guideline (2).
- Combine with Variety guideline to recommend a diet based on a variety of plant-based foods.
- Emphasize variety and minimal processing. Give first priority to plant-based foods.

Content:

General-

- Include a discussion of vegetarian diets in this guideline.
- Consider more clearly defining complex carbohydrates and benefits of carbohydrates to consumers.

- Call increased attention to portion sizes of grain products.
- Encourage increased consumption of grains. However, text should identify that a plant-based diet can (and should) include meat.

Whole Grains-

- Increase emphasis on whole grain products in the Dietary Guidelines (4).
- Emphasize importance of increasing consumption of whole grain products to increase intakes of dietary fiber and other nutrients, such as vitamin E (2).
- Recommend people consume 3 daily servings or 1/2 of their grain group servings as whole grain (4).
- Include advice about how to identify and choose whole grains.
- Add whole to Dietary Guidelines wording and to Box 9, page 25 of booklet.
- Do not quantify a recommendation on whole grain consumption.

Enriched and Whole Grains-

- Consider the need to increase intake of enriched and whole grains among the general public.
- Encourage consumption of folate fortified enriched grains as well as whole grains.
- Emphasize the importance of eating a variety of both enriched and whole grain foods as the foundation for healthful eating. Use the wording “Choose a diet built on a variety of grain foods.”

Glycemic Index-

- Consider using the glycemic index as a rating for carbohydrate foods. Pasta reacts similarly to whole grain foods when it comes to insulin (insulin score) and blood glucose (glycemic index) responses.

Fruits and Vegetables

Scope:

Increase Emphasis-

- Supports increased emphasis on fruits and vegetables within guidelines.
- Endorses a prominent fruit and vegetable guideline.
- Position the fruit and vegetable guideline as the most important guideline (2).

Separate from Grains-

- Create a prominent guideline for fruits and vegetables, separate from grains; emphasize fruits and vegetables at the center of Americans’ plates.

- Increase prominence of fruits and vegetables in Dietary Guidelines. Separate advice about fruits and vegetables from that advice on grains; supports whole foods as best way to maintain health; mention in Dietary Guidelines how fruits & vegetables can help consumers achieve the fruit and vegetable objective.
- Consider a Guideline just for fruits and vegetables; place fruits, vegetables, and other plant-based foods at core of Dietary Guidelines.
- Supports inclusion of a separate fruits and vegetables guideline.
- Agree with 1995 grains, fruits, and vegetables guideline.

Combine with Variety Message-

- Give first priority to plant-based foods. Emphasize variety and minimal processing.
- Combine with Variety guideline to recommend a diet based on a variety of plant-based foods.

Content:

General-

- Urge Americans to double their fruit intake.
- Advise a specific minimum number of servings for fruits and vegetables.
- Separate recommended numbers of servings of fruits and vegetables from those for grains and beans.
- Encourage increased consumption of fruits and vegetables. However, text should identify that a plant-based diet can (and should) include meat.
- Base of the pyramid should emphasize fruits, vegetables, legumes and nuts because of their protective effect against cardiovascular disease, cancers, other chronic diseases.
- Include a discussion of vegetarian diets in the text for this guideline.
- Include phenolic compounds in listing of antioxidant nutrients and in discussion of “other substances found in plant foods,” and include a list of known sources.

Consumption of Fruit Juices-

- Make stronger recommendations on the consumption of citrus fruits and citrus fruit juices.
- Fruit and fruit juices should not be considered equal.
- Mothers should be encouraged more to begin feeding orange juice to infants at 6 months of age.

Communication:

- Separate the fruits and vegetables guideline from grains to help communicate the “fruits and vegetables first” message without compromising the importance of grains.

- Suggest wording of “Enjoy meals and snacks with plenty of vegetable and fruits” based on message testing with consumers (2).

Implementation:

- Emphasize the importance of fruits and vegetables in a healthy diet in Federal food and nutrition policies and programs.

Food Safety

Format:

- Try using a question and answer format to discuss this issue.

Scope:

- Empower consumers to handle food safely via the Guidelines and other nutrition education vehicles.
- Include a separate food safety guideline.
- Instead of a separate guideline, add an informative and unalarming food safety message.
- Do not include a separate food safety guideline; it is too complex a subject to be adequately covered in one guideline.
- Keep the Dietary Guidelines solely nutrition-based and separate from food safety messages.
- Adding food safety to the Dietary Guidelines would confuse the public.
- Expanding the Dietary Guidelines would cause them to lose their simplicity.

Content:

Fight BAC! Campaign Messages-

- Incorporate the four concepts used in the Fight BAC! campaign (clean, separate, cook, and chill) which are already being used effectively for food safety education.

Cooking Temperatures-

- Add information about internal meat temperatures when cooking.
- Note that USDA and the FDA have published cooking temperature guidelines that differ.

Foodborne Illness Incidence-

- The food industry contests CDC figures concerning the number of deaths and incidences of foodborne illnesses.
- Focus message on risks faced by those consumers who are especially vulnerable because of age or health status.

Food Handling-

- Focus message on safe food handling practices in the home.

Processed Foods-

- Include warnings about raised or processed foods (e.g., meats) where the feeding and processing creates dangers, and for fish and seafood which are known to have harmful levels of chemicals and heavy metals.

Pesticides-

- Emphasize that the legal use of pesticides has not been associated with any chronic disease, including cancer, or with birth defects.

Implementation

- Note that healthcare institutes are lagging behind commercial establishments in implementing food safety programs.

Fat, Saturated Fat, and Cholesterol

Scope:

- Streamline the message by focusing on total fat and saturated fat. Do not discuss cholesterol, it simply confuses people and detracts from the key points.
- Giving attention to fat reduction as solution to disease prevention diverts attention away from the more important message of shifting to plant based diets.

Content:

General-

- Agree with 1995 fat guideline.
- Make fat guidelines unambiguous. The title should be, “Choose a diet low in fats, especially saturated fat, *trans* fat, and cholesterol.
- Changing from “diet” to “foods” in title implies that there are good foods and bad foods. (3)
- Specify foods, not nutrients.
- Ensure that message is to reduce, not eliminate saturated fat, cholesterol, and total fat.
- Maintain current recommendation on total dietary fat. (2)
- Remove the recommendation about a level of total fat.
- Discuss evidence on dietary fat and cancer.

Quantification-

- Stress limiting intake of saturated fat and cholesterol, and limiting diet to 30% of calories from total fat, in a context of maintaining healthy weight through calorie control and physical activity.
- Emphasize saturated fat and continue total fat target of 30%.
- Do not describe 30% as “low” in fat; moderate is a better descriptor.

- Reduce 30%-fat recommendation and place it in context with other nutrients.
- Specific number, e.g., “30% of energy” gives incorrect presumption of certainty.

Saturated Fats -

- Address saturated fat.
- Saturated fat intake should be no more than 7-10 percent of calories.
- Draw attention to the low Daily Value for saturated fat.

Trans Fats-

- Address *trans* fats.
- Include more information about how much *trans* fat to eat and which foods contain it.
- Emphasize avoidance of food sources of *trans*-fatty acids.
- Provide clear advice about how and why to limit *trans* fat consumption.
- Avoid discussion of which fat - *trans* or saturated - is worse.
- Give consumers some idea of how much *trans* fat to consume.

Cholesterol-

- Include a quantitative recommendation for cholesterol.
- Clarify the confusion about the relationship of egg consumption to cholesterol levels.
- Linkage of an enhanced emphasis on “saturated fat and cholesterol” will give consumers the wrong impression that eggs should be avoided. Scientific evidence supports de-emphasizing any pejorative references to dietary cholesterol.

Other Fats-

- Consider including advice on stearic acid and conjugated linoleic acid in any advice on specific fatty acids.
- Consider including advice on the level of omega-3 fat intake and the balance in omega-3/ omega-6 fats. For improved health, Omega 3 to Omega 6 ratio should be narrowed to about 1:5.

Food Choices-

- Discuss foods that make up a healthy low-fat diet.
- Guide consumers away from meats, whole dairy products, eggs, fried foods, and certain baked foods and toward vegetables, fruits, grains and legumes.
- Add text to limit intake of hamburgers, pizza, whole and 2% milk, french fries, doughnuts, pies, butter, egg yolks and other foods that are high in saturated fat, *trans* fat, or cholesterol.
- Caution against use of excessive added fat. Recommend saying: “If fat additives are used, do so sparingly.” (2)

- Emphasize the high levels of fat in many restaurant foods.
- Encourage consumers to eat less red meat.
- Instructing people to avoid or markedly decrease all red meat intake is unnecessarily restrictive; new study shows that lean red meat, as part of Step 1 diet, positively impacts blood cholesterol.
- Margarine should be deleted from box 11 (p. 31) as a choice to choose most often.
- Box 11 should emphasize avoidance of high-fat, high-cholesterol foods and emphasize low-fat and fat-free alternatives.
- Clarify advice about how to identify “lean” meats.
- Report realistic figures for fat content of lean beef.

Children-

- Eliminate the three-year phased reduction in dietary fat. Advice should be strong and clear that a diet moderate in fat (30%) and saturated fat (10%) applies to healthy children over the age of two years.
- Indicate the science base for recommending a transition in the fat level of the diet for children between the age of 2 and 5.

Communication:

- Consumers interpret “diet low in fat” as “no taste, no enjoyment, and not attainable.” However, consumers believe a “moderate fat diet” is achievable.

Sugars

Scope:

Retain 1995 Wording-

- Retain the current wording of the guideline (2).
- There is no scientific basis for the change from 1995 wording.

De-emphasize Guideline-

- Incorporate sugar messages throughout the document rather than isolating sugars into a separate guideline. Advise Americans to evaluate foods/diets on their nutrient, not sugar, content.
- Do not single out sugar as a separate Guideline, but rather emphasize eat it in an overall balanced diet and with getting adequate physical activity as a means of staying healthy.
- Focus on total diet and de-emphasize or drop the guideline on sugar; emphasize the importance of physical activity.
- Place Guideline in “second tier” based on its importance in diet.

Strengthen Advice-

- Current advice is weak given increasing levels of current sugar intake. Recommend specific limits on sugar intake.
- Change wording to “Choose a diet low in added sugars.”
- Agree with the direction the DGAC is taking (e.g., emphasis on added sugars).

Content:

General-

- Note the high levels of added sugars in restaurant foods.
- Disagree that consumption of sugars is increasing rapidly and resulting in an increase in calorie intake; consumption has remained stable as percent of calories and percent of carbohydrates.
- Note association between sucrose and calcium excretion and kidney stones.
- Soft drinks can be part of a balanced diet. Flavoring of beverages may increase fluid consumption, to help prevent dehydration.

Added Versus Naturally Occurring Sugars-

- Distinguishing added and natural sugars would not help consumers and could have a negative nutritional impact.
- Clearly distinguish between foods w/ added and naturally occurring sugars because of displacement issues (e.g., soda replacing milk) and added sugars contribution to various diseases (e.g., obesity, heart disease). Discuss ability of foods high in added sugars to squeeze healthier foods out of the diet.
- Strengthen advice to limit consumption of added sugars. Consumption of added sugars is much higher than recommendations and is increasing.
- Do not increase emphasis on added sugars because added sugars are not different from naturally occurring sugars (2).

Nutrient Displacement-

- Note that added sugars have little to no meaningful effect on diet quality; research shows that added sugars do not displace key micronutrients or food groups.
- The scientific validity of the “nutrient displacement” theory is questionable.
- Specify whether the basis for focusing on added sugars is the displacement issue or possible detrimental health effects. Explain the scientific basis for either.

Sugar and BMI/Obesity-

- Strengthen the physical activity message since research has shown that no single dietary component (including sugar) contributes to increased Body Mass Index (BMI) among children.
- Ignore the “flawed” research study on sugar intake and BMIs.
- Recognize the complex etiology of obesity, not linked to one dietary component. Note that sugar is not casual in heart disease and not linked to nutrient density of diet.
- Note that there is no association between added sugars intake and BMI in adolescents.
- Note that there is no association between obesity and added sugars intake, and energy density appears inversely related to BMI. Only at the highest levels of added sugars intake is there any negative effect on nutrient adequacy.

Sugar and Diabetes/Cancer/Other Chronic Diseases-

- Neither soft drinks nor sugar cause diabetes or other chronic diseases.
- Scientific evidence doesn’t support link of sugars with chronic disease or obesity.
- Key factors in insulin resistance are sustained positive energy balance leading to obesity, physical activity, aging, and genetics.
- Scientific evidence does not support a relationship of sugars to cancer that cannot be explained by total energy intake.

Terminology/Definitions-

- Tell consumers how much “moderate” is.
- Clarify definitions for sugar and sweeteners and standardize information in sugar databases before drawing conclusions about sugar intake estimates.
- Use correct and precise terminology when discussing sugar and sugars (2).
- Harmonize guidance on sugars with FDA food labeling regulations. Changing definitions have led to inflation of the amount of sugars people reportedly consume.

Glycemic Index-

- Avoid discussion of glycemic index (2).

Sugar Substitutes-

- Add acesulfame potassium to the list of sugar substitutes in the text.
- Remove mention of sugar substitutes, as their safety is a matter of continued investigation and disagreement.

Communication:

- Note that consumer research has shown that adults believe sugar-containing foods in moderation can be part of a healthy diet.
- “Foods and beverages with added sugars” does not accurately describe sweet foods and drinks to consumers. Further message development should be conducted and potential messages tested with consumers to assure clarity.
- Word guideline to emphasize using sugars sparingly. Replace the words “choose” and “moderation.”
- Proposed wording will send the message that these foods are bad for you; retain the 1995 wording that sugars in moderation can be part of a healthy diet.
- Proposed change in wording will confuse consumers; it will be perceived as a reversal in fat and sugar messages.

Salt

Scope:

- Agree with 1995 sodium/salt guideline.
- Agree with direction committee is taking.
- Eliminate the sodium guideline, it does not reflect current knowledge. (3)
- Re: Scope of DGAC Report: Recommend that Secretary of HHS initiate action by FDA to revise the NLEA nutrition label from “sodium” to “salt.”

Content:

General -

- Change title to “Choose a diet low in salt and sodium.”
- Clearly and explicitly recommend no more than 2400 mg sodium per day. Consumers do not understand the word moderate. (2)
- Elaborate on the prevalence of higher than optimal blood pressures and evidence linking salt to blood pressure.
- Emphasize the safety and benefits of lower-salt diets.
- Strongly recommend DASH diet, which contained approx. 3 gm sodium per day, as the primary public health strategy to combat hypertension.
- Include discussion that overweight and heavy alcohol consumption contributes more to elevated blood pressure than salt intake.
- Exercise care not to describe the 2,400 milligram Daily Reference Intake of sodium as a “recommendation.”
- Discuss evidence that sodium restriction improves “health outcomes” not whether sodium restriction is “safe.”
- Emphasize calcium loss due to high sodium diets.

- Maintain an emphasis on sodium, not other nutrients.
- Ensure that advice about sodium applies to children (2).

Food Choices-

- Urge consumers to buy foods that are labeled “healthy”.
- Urge consumers to buy unprocessed foods.
- Emphasize the high levels of sodium in many restaurant foods.
- Encourage Americans to limit sodium and protein as an important means of conserving calcium stores.
- Meal planning tips (Box 15) should encourage the use of sodium “sparingly” in the diet.
- Note that the highest-sodium products are canned goods (prepared with added salt) and snack foods, and that animal products are higher in sodium than plant foods, unless salt is added.
- Discourage the use of salt added in cooking or at the table, as opposed to the vague advice “use small amounts.”

Communication:

- Consider using consumer focus groups to ensure comprehension. (2)
- Determine whether the focus is salt or sodium and craft an understandable message to communicate the issues.

Alcoholic Beverages

Scope:

- The guidelines should not promote the consumption of alcohol.
- Avoid wording that would provide new marketing opportunities for the alcoholic beverage industry.
- Craft message carefully with a large safety margin to avoid misinterpretation.
- Recommendations should focus on age differences and alcohol effects, medication interactions and the elderly, pregnancy and lactation. and breast cancer.
- Language of moderate drinking should be carefully worded to give accurate public health message.
- Strengthen cautionary language while presenting balanced, science-based information about alcohol that addresses adverse and beneficial effects.(2)

Content:

General -

- Agree with 1995 alcohol guideline.
- Drop any mention of alcoholic drinks as a food or a drug until the liquor industry adds ingredient labels and lot identification numbers to its products and until there is a scientific consensus that indisputably documents the benefits of moderate drinking by a randomized, double-blind, placebo-controlled trial.
- Include an explicit statement that it is not recommended that anyone begin or increase drinking for health reasons.
- Include accurate and complete information about the effects of alcohol consumption, distinguishing moderate consumption from abuse and encouraging responsible choices.
- State that the research to date has not yet proven that the potential health benefits outweigh the risks.
- Delete the sentence: “Alcoholic beverages have been used to enhance the enjoyment of meals throughout human history.” (2)
- Retain the sentence: “Alcoholic beverages have been used to enhance the enjoyment of meals throughout human history.” (2)
- The reference to eating when consuming beverage alcohol should refer to “food” rather than just “meals.”

Risks-

- Identify the risks associated with moderate alcohol drinking.
- Strengthen the existing language in order to accurately reflect the evidence that moderate alcohol consumption of alcoholic beverages substantially reduces cardiovascular risk and overall mortality, and that these benefits apply to the majority of the population.
- Include a caution on breast cancer risk. (2)
- Address risk of abuse, ie. “The earlier someone begins to drink, the greater the risk of eventual addiction.”

Moderation-

- The word “moderate” should be replaced with a specific recommendation to consume no more than one drink per day. (2)
- Recommend this wording for the guideline, “If you drink alcohol, women and all persons 65 and over should consume no more than one drink per day, and men under 65 no more than two drinks per day.”
- Do not include a warning to avoid more than one drink per day. The evidence demonstrates net benefits at higher consumption levels than one drink per day.
- Define moderate drinking and list the five groups of people who should not drink under any circumstances.

Heart disease-

- Inform the public that: the science is not conclusive as to causality regarding coronary heart disease (CHD) risk reduction; there are studies showing CHD risk reduction at levels of alcohol consumption far below moderate; very serious negative health consequences quickly accrue at levels of consumption above moderate.
- Clarify language about and be specific about which populations might benefit from moderate drinking. (2)
- Highlight alternatives to alcohol consumption as a way of reducing CHD risk.

Children, Adolescents and the Elderly-

- Include a special alert regarding alcohol and young people.
- Children and adolescents should remain under category of “who should not drink,” but discussion of risks of early onset drinking should be limited to abusive drinking.

- Include a special caution regarding alcohol and the elderly.
- Disagree with statement that moderate consumption provides “little or no benefit” for younger people, the elderly, and for those not at high risk for CHD.

Alcohol Serving Size-

- Definition of a “drink” should make reference to differences in actual serving sizes.
- Conversion factors used for beer and wine equivalents overstate the actual alcohol content of these beverages and should be reassessed.
- At a minimum, change the distilled spirits component serving size to 1.5 ounces.